



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Registration and Inspection Service

### Children's Residential Centre

<b>Centre ID number:</b>	114
<b>Year:</b>	2016
<b>Lead inspector:</b>	Jacqueline Roche

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2016</b>
<b>Name of Organisation:</b>	<b>TerraGlen Residential ltd</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Dates of Inspection:</b>	<b>30<sup>th</sup> May and 1<sup>st</sup> June 2016</b>
<b>Registration Decision:</b>	<b>Registered from the 14<sup>th</sup> of March 2016 to the 14<sup>th</sup> of March 2019</b>
<b>Inspection Team:</b>	<b>Jackie Roche Eileen Woods</b>
<b>Date Report Issued:</b>	<b>August 31<sup>st</sup> 2016</b>

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## 1. Foreword

The National Registration and Inspection Office of the Child and Family Agency is a component of the Quality Assurance Directorate. The inspectorate was originally established in 1998 under the former Health Boards was created under legislation purveyed by the 1991 Child Care Act, to fulfil two statutory regulatory functions :

1. To establish and maintain a register of children’s residential centres in its functional area (see Part VIII, Article 61 (1)). A children’s centre being defined by Part VIII, Article 59.
2. To inspect premises in which centres are being carried on or are proposed to be carried on and otherwise for the enforcement and execution of the regulations by the appropriate officers as per the relevant framework formulated by the minister for Health and Children to ensure proper standards and conduct of centres (see part VIII, Article 63, (1)-(3)). The Child Care (Placement of Children in Residential Care) Regulations 1995 and The Child Care (Standards in Children’s Residential Centres) 1996.

The service is committed to carry out its duties in an even handed, fair and rigorous manner. The inspection of centres is carried out to safeguard the wellbeing and interests of children and young people living in them.

The Department of Health and Children’s “National Standards for Children’s Residential Centres, 2001” provides the framework against which inspections are carried out and provides the criteria against which centres structures and care practices are examined.

Under each standard a number of “Required Actions” may be detailed. These actions relate directly to the standard criteria and or regulation and must be addressed.

The centre management are expected to complete a written implementation timetable and details of their proposed actions in response to the findings of this report. This action plan is expected to address any short fall in the centres compliance with regulation or standards and will be used to inform the registration decision.

## 1.2 Methodology

An application was duly made by the proprietors of this centre for registration on March 7<sup>th</sup> 2016. The application was approved and the centre was registered to commence operations from March 14<sup>th</sup> 2016. This first inspection took place on May 30<sup>th</sup> and June 1<sup>st</sup> over a two day period. The inspection was themed and based on the framework of Standards one Purpose and Function, standard two Management and Staffing and standard five Planning for Children and Young People of the National Standards for Children's Residential Centres 2001'.

This report is based on a range of inspection techniques including:

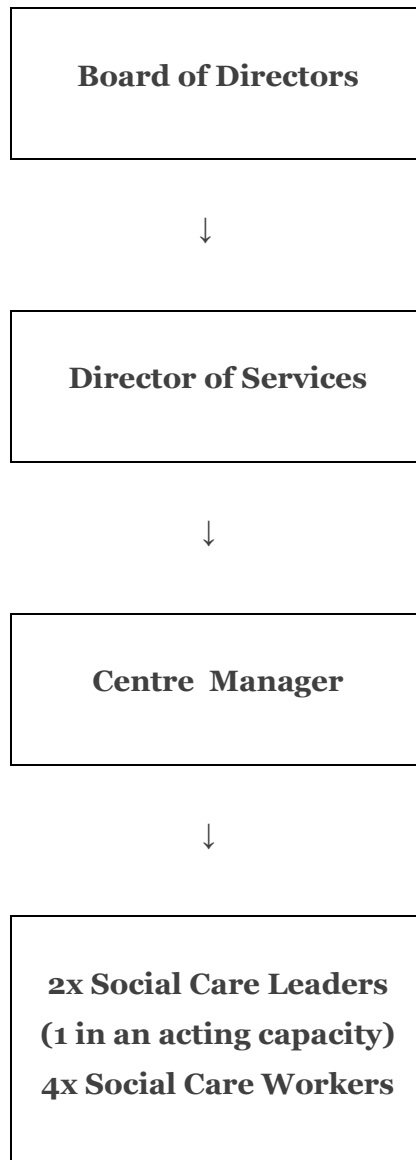
- ◆ An examination of the centres application for registration.
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
  - a) 4 of the care staff.
  - b) The young person residing in the centre.
  - b) The social worker with responsibility for young person residing in the centre.
  - c) Psychologist and Guardian ad Litem working with the young person.
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of HSE on our behalf.
- ◆ An examination of the centre's files and recording process.
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively.
  - a) The centre manager
  - b) The childcare Leader
  - c) A childcare worker
  - d) The Director of Services
  - e) The young person
  - f) The Social Worker
  - g) The Guardian ad Litem
  - h) A Psychologist

- ◆ Observations of care practice routines and the staff/young person's interactions.

Statements contained under each heading in this report are derived from collated evidence.

The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

## 1.2 Organisational Structure



## 2. Findings with regard to registration matters

Registrations are granted and fundamentally decided on centre adherence to the statutory requirements governing the expected standards and care practices of a children's residential centre as purveyed by the 1995, Placement of Children in Residential Care Regulations, and the 1996, Standards in Children's Residential Centres and the Department of Health and Children's National Standards for Children's Residential Centres 2001.

The findings of this report and assessment of the submitted action plan on this date 30<sup>th</sup> of August 2016 if implemented will deem the centre to be operating in adherence to regulatory frameworks and the National Standards for Children's Residential Centres.

As such it is the decision of the Child and Family Agency to register this centre without attached conditions pursuant to Part VIII, Section's 61 (6) (A) (i) of the 1991 Child Care Act. **The period of registration being from the 14<sup>th</sup> of March 2016 to the 14<sup>th</sup> of March 2019.**



## 3. Analysis of Findings

### 3.1 Purpose and Function

#### ***Standard***

The centre has a written statement of purpose and function that accurately describes what the centre sets out to do for young people and the manner in which care is provided. The statement is available, accessible and understood.

#### **3.1.1 Practices that met the required standard in full**

The centre's purpose and function is to provide care for up to four young people both boys and girls between the ages of twelve and eighteen years of age.

At the time of the inspection the centre was occupied by one young person and they were resident for a period of twelve weeks. The placement was requested by Tusla, The Child and Family Agency placement committee. Following consultation the centre agreed to provide sole care to the young person residing pending the outcome of a specialist assessment commissioned by the social work department. At the time of the inspection the assessment was completed however the report had not been distributed. A multi-disciplinary meeting was scheduled to take place following the inspection in order to address the long term care plan for the young person.

In line with policy the centre was offering the young person a safe, consistent and stable environment based on developing a trustful and respectful relationship. The model of care was based on a pro social and attachment framework. The inspectors found from interviews, observation of staff interaction with the young person and discussions during the team meeting that staff were supported by the management team to ensure effective use of the model in the care of the young person.

The statement of purpose and function was prepared by the board of management and will be reviewed on an annual basis by the manager and the director of services. There is a booklet for young people which explain the operation of the centre. The inspectors reviewed this document and found that it was informative and user friendly.

### **3.1.2 Practices that met the required standard in some respect only**

None identified.

### **3.1.3 Practices that did not meet the required standard**

None identified.

## **3.2 Management and Staffing**

### ***Standard***

The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

### **3.2.1 Practices that met the required standard in full**

#### **Training and development**

All of the staff employed in the centre at the time of the inspection had completed core training in first aid, fire safety and in a recognized model of behaviour management. All of the care staff had completed child protection training. The service director delivered child protection training to three of the care staff and staff are encouraged to familiarize themselves with Children's First Guidelines for Child Protection. The manager advised the inspectors that all care staff will attend child protection training externally as soon as a suitable program becomes available.

Care staff had not completed training relevant to working with young people presenting with mental health, addiction or other areas relevant to the care needs of young people referred to the centre. The inspectors recommend that they provide specific training to care staff in order to ensure that they can meet the needs of young people living in the centre.

### **3.2.2 Practices that met the required standard in some respect only**

#### **Management**

The manager of the centre was suitably qualified and had many years experience working with young people in residential care. The manager attended all meetings held in relation to the young person and ensured that care staff understood the care needs of the young person residing. They were present in the centre and had contact with the young person and the staff team on a daily basis. There was evidence that

staff and the young person had regular contact with the manager and that they had a role in the day to day operation of the centre.

There was evidence that the manager provided leadership to the staff team and was present in the centre on a daily basis. The manager told the inspectors that they reviewed all documentation prepared by care staff. Daily logs sent to social workers, guardian ad litem and mental health services were not signed by the manager. The manager agreed that following on from the inspection themselves or their deputy would sign centre documentation to evidence managerial oversight.

There was no evidence of a formal mechanism to support staff particularly key workers in their interactions with young people. The inspectors found that a number of staff on the team lacked experience working in children's residential centres and recommend that formal mechanisms are put in place to develop skills to enhance service delivery.

The organization operates three children's residential centres and employs a service director. The service director has responsibility for the external oversight of all care and operational practices. At the time of the inspection the role was being developed and the inspectors did not see a formal job description for the role. The inspectors did not find evidence of the director's attendance at meetings or of consistent oversight of centre documentation. The inspectors require evidence that the service director as external manager of the centre provides effective governance of practices and ensures that the service is effective in providing care for young people residing. The organization must prepare a job description for the service director which clearly outlines the roles and responsibilities associated with the position.

Management meetings were held on a bi-monthly basis and these were used as a forum to review significant events. There were no significant events reported from the centre at the time of the inspection. The board of management had visited the centre on a social basis and met with the staff team on one occasion since the centre was registered. The service director had devised an audit document to be used by the board on unannounced visits to the centre. The inspectors were unable to determine the purpose of these proposed visits or the role of the board in the day to day operation of the centre. The inspectors require a description of the systems that the board of management have implemented in order to evidence governance of the operation of the centre.

## **Staffing**

The young person residing in the centre at the time of the inspection required two care staff to support their daily care plan. The initial application for registration stated that eight social care staff would be employed in the centre. This was alongside the manager whose contract was for a five day week from Monday to Friday on a nine to five basis.

At the time of the inspection there were six social care staff employed in the centre. Two of these were social care leaders. One social care leader had two years and six months experience working with young people in residential care and the second social care leader (who was appointed in the acting capacity) had five years experience however most of this was in adult services. The inspectors found that the centre did not have a balance of experienced to inexperienced staff on the team. The social care leaders did not have the recommended three years post qualifying experience. Of the four social care workers one had over two years experience, one had five months experience, one had three months experience and one had two weeks experience working with young people in residential care. The organization must ensure that there is a mix of experienced to inexperienced staff on the team available to provide care to young people and to meet the obligations of the centre's statement of purpose and function.

There were curriculum vitae's for all of the staff on their personnel files however employment histories were incomplete in a number of cases. There were no verification of identity for a number of the care staff, start dates were not clearly recorded and references from previous employments were not consistently on file. The organization must ensure that staff personnel files contain evidence of vetting including complete employment histories, references from previous employers and commencement of employment dates.

## **Supervision and support**

The manager supervises the care staff employed in the centre and had completed training in a recognized model of supervisory practice. One of the social care leaders had also completed a training programme. There was a supervision contract on file for each of the care staff. In line with policy supervision took place at 4-6 week intervals. Matters pertaining to the care of young people were discussed during supervision including placement plans and key work. The inspectors saw from review of supervision records that newly qualified staff were appointed as key workers and were allocated the responsibility of preparing monthly placement plans. The

inspectors recommend that formal supervision is offered more frequently to newly qualified care staff that lack experience in children's residential care. Staff should be formally supported to develop skills in areas such as key work, report writing and planning for young people.

The centre manager was supervised by the service director. The inspectors saw that one supervision session had taken place since the centre commenced operation. The inspectors were unable to assess the quality of supervision as the record was illegible. The service director must ensure that effective supervision is offered to the centre manager and that supervision records are maintained in an accessible format.

Team meetings take place weekly. One inspector attended a team meeting and saw that management effectively communicated key information in relation to the young person to the care staff and this contributed to a consistent approach to care. The manager and the social care team leader offered clear guidance to the staff team in relation to daily routines, safe guarding and operational matters in the centre.

The centre policy names support systems that are in place for staff if they experience stress or injury in the course of the work. No member of the centre staff team had used this since the centre was registered. The manager and the service director and the board of management have responsibility to deal with all human resource matters that arise in the centre.

### **Administrative file**

The recording system in the centre was organized and maintained to facilitate effective management and accountability. There was evidence that the manager and the service director monitor records. When a young person is discharged from the centre records are maintained by the organization for a period before they are returned to social work departments. There was no time frame identified. The organization must establish a policy in relation to the storage of young people's records including their return to social work departments when a young person is discharged.

In relation to financial management systems the policy states that frugality is promoted by the organisation. The inspectors noted that the allocated weekly budget is low. The organization must ensure that financial allocation for the operation of the centre is adequate and sufficient to meet the needs of young people residing. At the time of the inspection the centre did not have a car. The inspectors understand that a company car was provided to the centre shortly after the inspection. In the context of

the needs of the young person residing and the rural location of the centre the inspectors require evidence that a suitable centre car was provided by the organization.

### **3.2.3 Practices that did not meet the required standard**

#### **Notification of Significant Events**

From review of daily logs, interaction with the young person and observation of events taking place in the centre the inspectors found that a number of instances had occurred that required notification as significant. There were no significant events reported since the centre commenced operation. There were no mechanisms in place to guide the care staff in relation to what constituted a significant event. The inspectors were not satisfied that the centre was effectively reporting significant events. The centre management must ensure that care staff understand what constitutes a significant event and that these are reported promptly to the relevant Tusla, Child and Family Agency monitoring and social work departments.

#### **3.2.4 Regulation Based Requirements**

The Child and Family Agency met the regulatory requirements in accordance with the ***Child Care (Placement of Children in Residential Care) Regulations 1995 Part IV, Article 21, Register.***

The centre met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996***

***-Part III, Article 5, Care Practices and Operational Policies***

***-Part III, Article 6, Paragraph 2, Change of Person in Charge***

***- The centre did not meet the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996****

***-Part III, Article 16, Notification of Significant Events.***

***Part III, Article 7, Staffing (Numbers, Experience and Qualifications)***

## Required Action

- The organization must prepare a job description for the service director which clearly outlines the roles and responsibilities associated with the position.
- The organization must ensure that there is a mix of experienced to inexperienced staff on the team available to provide care to young people and to meet the obligations of the centre's purpose and function statement.
- The organization must ensure that staff personnel files contain evidence of vetting including complete employment histories, references from previous employers and commencement of employment dates.
- The service director must ensure that effective supervision is offered to the centre manager and that supervision records are maintained in an accessible format.
- The organization must establish a policy in relation to the storage of young people's records including their return to social work departments when a young person is discharged.
- The centre management must ensure that care staff understand what constitutes a significant event and that these are reported promptly to the relevant Tusla, Child and Family Agency monitoring and social work departments.

### 3.5 Planning for Children and Young People

#### **Standard**

There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. The plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

#### **3.5.4 Practices that met the required standard in full**

##### **Suitable placements and admissions**

The young person residing in the centre at the time of the inspection was admitted on an emergency basis based on a need identified by Tusla, Child and Family Agency. There was initial approval for a twelve week placement which was subject to the completion of a specialist assessment, commissioned by the social work department and this which would determine the most appropriate care arrangement for the young person. The social worker for the young person stated that this placement was the only one offered and as a consequence the care staff team adapted to the care requirements presented. The placement was sole occupancy consequently there was no collective risk assessment in place. The young person themselves stated that they could not reside safely with others. Based on the young person's history and presentation in other placements professionals working with the young person recommended sole occupancy pending a decision on long term care.

The inspectors reviewed preadmission risk assessments pertaining to the young person and found that these did not effectively address all of the risks identified in the young person's history. The management and referring social work departments must review young people's past records in order to ensure that effective risk assessments addressing all identified risks are in place prior to the young person's placement in the centre.

The young person was given information in relation to all aspects of the centre and was assisted to understand the reason for their placement. A decision pertaining to the young person's future was to be made at a multidisciplinary meeting comprising adolescent mental health specialists, social workers, guardian ad litmus and the centre staff. This meeting had not taken place at the time of the inspection however it



was scheduled to take place following the completion of a specialist assessment which occurred shortly after the inspection.

The social work department identified that the young person required routine, predictability, consistency and structure and that this was offered to them in the centre.

The centre had a clear policy and procedure relating to planned admissions however the inspectors were unable to inspect this process as there had been only one emergency admission into the centre since its registration.

### **Statutory care planning and review**

There was a statutory care plan in place for the young person which identified the placement as a short term arrangement that would be reviewed on a monthly basis. The care plan evidenced that the social work department were giving due consideration to the young person's educational, social, emotional, and behavioural and health requirements and acknowledges the challenges of meeting the young person's therapeutic and emotional needs at the time of the inspection. The social work department told the inspectors that a decision in relation to the young person's care needs would be decided following multidisciplinary consideration of recommendations made by a specialist whose assessment was in draft form at the time of the inspection.

There was a placement plan in place for the young person which was reviewed on a monthly basis. This reflected the short term health, family relationship, interests, and emotional, educational and behavioural needs of the young person.

The social work department maintained contact with the young person's family and consulted with them in relation to the placement plan. The young person told inspectors in interview and via the young person's questionnaire that care staff listens to them and that their opinions are taken into consideration.

### **Contact with families**

The young person had not seen his family since they were admitted into the centre however the inspectors saw that the centre staff and the social work department encouraged and practically supported family contact. Records maintained in the centre and interviews with care staff and social workers evidenced that care staff maintained regular phone contact with the young person's mother and formally

updated them on a weekly basis. The young person had fortnightly phone contact with their family.

### **Children's case and care records**

The inspectors saw from review of the centre files that there was a record of the young person's history maintained in a secure fashion. Copies of legal documentation were stored in the centre files and these were supplied to the centre by the social work department. Case and care records were kept in a way that supported confidentiality about young person's history. There was evidence that the young person's views were sought and recorded.

#### ***Standard***

Supervising social workers have clear professional and statutory obligations and responsibilities for young people in residential care. All young people need to know that they have access on a regular basis to an advocate external to the centre to whom they can confide any difficulties or concerns they have in relation to their care.

### **Supervision and visiting of young people**

The inspectors saw that the young person required a quiet consistent environment and they were obviously disturbed by the presence of adults other than centre staff. In the context of the young person's history and their presentation in the centre the social work department was unable to visit the young person on a regular basis. A copy of the centre log recording all matters relevant to the young person was sent to the social worker on a daily basis and there was evidence that these were reviewed and that the social worker maintained regular contact with the centre and advocated on behalf of the young person. Records of social work contact were maintained in the centre files alongside details of any action taken by the care staff as a result of this contact.

### **Social Work Role**

The young person stated that they were aware of the role of the social worker and that they could report to them any difficulties or concerns in relation to their care. Given the difficulty the young person experienced with verbal contact the inspectors recommend that the social worker maintains written contact with the young person and that the young person is given a stamped envelope with the social workers postal address in order to ensure the opportunity to confide difficulties or concerns.

The social work department had provided sufficient background information to the centre, prepared care plans, organized reviews, reviewed records of daily logs and ensured that the young person's long term care needs were taken into consideration.

### **3.5.5 Practices that met the required standard in some respect only**

#### **Emotional and specialist support**

All of the staff team had professional qualifications however four of the care workers were newly qualified and lacked experience in the assessment of the emotional and psychological needs of young people. Allocated key workers were not offered formal training. The inspectors recommend that the centre puts a formal training programme in place in order to develop the capacity of the care staff to enhance care of the young person and to ensure a cohesive approach to care.

The organization did not provide any external clinical support to the staff team in order to enhance capacity to deal with the specialist requirements of the young person. However there was some guidance offered to the care staff by a specialist service working with the young person. The care plan for the young person was not determined at the time of the inspection. In the context of the needs presented by the young person at the time of this inspection the inspectors recommend that the organization ensures that specialist clinical guidance is consistently offered to the staff team if the placement period is extended.

The young person had access to the specialist services and this was facilitated by the social work department of Tusla, The Child and Family Agency. There were comprehensive records of the young person's involvement with specialist professionals and recommendations from these were used to inform the statutory care plan and the care of the young person in the centre. A multidisciplinary meeting was scheduled to take place shortly after the inspection in order to give consideration to the young person's long term care needs.

### **3.5.6 Practices that did not meet the required standard**

None identified.

### **3.5.7 Regulation Based Requirements**

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995*

*-Part IV, Article 23, Paragraphs 1and2, Care Plans*

*-Part IV, Article 23, paragraphs 3and4, Consultation Re: Care Plan*

*-Part V, Article 25and26, Care Plan Reviews*

*-Part IV, Article 24, Visitation by Authorised Persons*

*-Part IV, Article 22, Case Files.*

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) 1996*

*-Part III, Article 17, Records*

*-Part III, Article 9, Access Arrangements*

*-Part III, Article 10, Health Care (Specialist service provision).*

### **Required Action**

- The management and referring social work departments must review young people's past records in order to ensure that comprehensive risk assessments which address all identified risks are in place. These risk assessments must be in place prior to the young person's placement in the centre.

## 4. Action Plan

Standard	Issues Requiring Action	Response	Inspectors Commentary
<p><b>3.2</b></p>	<p>The organization must prepare a job description for the service director which clearly outlines the roles and responsibilities associated with the position.</p> <p>The organization must ensure that there is a mix of experienced to inexperienced staff on the team available to provide care to young people and to meet the obligations of the centre's purpose and function statement.</p>	<p>The organization has written a job description for the director of services and has provided the inspectors with a copy of this.</p> <p>The organization will develop the capacity of the staff team to provide care to young people referred. This will be achieved by providing training relevant to the needs presented by young people living in the centre, attachment training, and the development of key work and report writing skills. Refresher training will be provided in the model of care and the behaviour management method used in the centre. The organization will aim to ensure that</p>	<p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p>

	<p>The organization must ensure that staff personnel files contain evidence of vetting including complete employment histories, references from previous employers and commencement of employment dates.</p> <p>The service director must ensure that effective supervision is offered to the centre manager and that supervision records are maintained in an accessible format.</p> <p>The organization must establish a policy in relation to the storage of young people's records including their return to social work departments when a young person is discharged.</p>	<p>experienced staff is maintained in the centre.</p> <p>The centre manager has ensured that all staff personnel files contain evidence of vetting, including police clearance, validated references, curriculum vitas and dates of commencement of employment in the centre.</p> <p>The service director will ensure that effective supervision is offered to the manager and that this will be maintained in an accessible format.</p> <p>The organization has reviewed its policy. Young people's records will be returned to social work departments six months post discharge from the centre.</p>	<p>The inspectors are satisfied with this response</p> <p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p>
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	<p>The centre management must ensure that care staff understand what constitutes a significant event and that these are reported promptly to the relevant Tusla, Child and Family Agency monitoring and social work departments.</p>	<p>The organization will consult with the monitor from Tusla, The Child and Family Agency and will reach a shared agreement with them and the social work department in order to determine what constitutes a significant event.</p>	<p>The inspectors are satisfied with this response.</p>
<p><b>3.5</b></p>	<p>The management and referring social work departments must review young people's past records in order to ensure that comprehensive risk assessments which address all identified risks are in place. These risk assessments must be in place prior to the young person's placement in the centre.</p>	<p>The centre management will review past records of young people and use these to inform robust risk assessment prior to a young person's admission into the centre.</p>	<p>The inspectors are satisfied with this response.</p>